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UTILITY PATENT APPLICATION TRANSMITTAL <i>Only for new nonprovisional applications under 37 CFR 1.53(b)</i>		Attorney Docket No. 16527																									
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		First Inventor or Application Identifier James D. Kovacik et al.																									
		Title Cord Reel with Electrical Outlets																									
		Express Mail Label No. EL 975498045 US																									
MAIL STOP PATENT APPLICATION Commissioner for Patents ADDRESS TO: P. O. Box 1450 Alexandria, VA 22313-1450																											
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)																									
2. <input checked="" type="checkbox"/> Applicant claims small entity status. (See 37 CFR 1.27)		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)																									
3. <input checked="" type="checkbox"/> Specification [Total Pages 10] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies																									
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 2]		ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents) 10. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable). 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certificate under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach Form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other: _____																									
5. Oath or Declaration [Total Pages 2]																											
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) [Note Box 5 below]																											
DELETION OF INVENTORS i. <input type="checkbox"/> Signed statement attached deleting inventor(s) named in the prior application, see CFR §§ 1.63(d)(2) and 1.33(b).																											
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76																											
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No. _____ / _____ Prior application information: Examiner _____ Group/Art Unit _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.																											
19. CORRESPONDENCE ADDRESS																											
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 04859 or <input type="checkbox"/> Correspondence address below PATENT TRADEMARK OFFICE																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name William J. Clemens, Esq.</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Address</td> </tr> <tr> <td colspan="2">City</td> <td colspan="2">Zip Code</td> </tr> <tr> <td>Country</td> <td>Telephone 734/542-0900</td> <td>Fax</td> <td>734/542-9569</td> </tr> <tr> <td colspan="2">Name (print/type) William J. Clemens</td> <td colspan="2">Registration No. (Attorney/Agent) 26,855</td> </tr> <tr> <td colspan="2">Signature <i>William J. Clemens</i></td> <td>Date</td> <td>October 2, 2003</td> </tr> </table>				Name William J. Clemens, Esq.				Address				City		Zip Code		Country	Telephone 734/542-0900	Fax	734/542-9569	Name (print/type) William J. Clemens		Registration No. (Attorney/Agent) 26,855		Signature <i>William J. Clemens</i>		Date	October 2, 2003
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231
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Terri L. Fox

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FEE TRANSMITTAL		Complete if known	
For FY 2003		Application Number	
Effective 01/01/2003. Patent fees are subject to annual revision.		Filing Date	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	James D. Kovacic et al.
TOTAL AMOUNT OF PAYMENT	(\$ 425)	Examiner Name	
		Group/Art Unit	
		Attorney Docket No.	1-16527

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																														
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Acct. No. <u>13-0005</u> Deposit Acct. Name <u>MacMillan, Sobanski, & Todd, LLC</u> The Commissioner is authorized to: (Check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this action <input type="checkbox"/> Charge fee(s) indicated below, except the filing fee, to the above-identified deposit account.	3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting a publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within 1st month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within 2nd month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within 3rd month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within 4th month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within 5th month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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SUBMITTED BY		Complete (if applicable)
Typed or Printed Name	William J. Clemens	Reg. No. 26,855
Signature		Date October 2, 2003
		Deposit Account User ID

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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